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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEES TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/821,813-Conf. #9059
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 8, 2004
		First Named Inventor	Thomas A. Boyd
		Examiner Name	P. G. Spivack
		Art Unit	1614
TOTAL AMOUNT OF PAYMENT		(\$)	1,650.00
		Attorney Docket No.	
P0453.70112US01			

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 23/2825		Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	Small Entity
	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

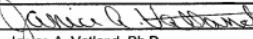
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	Fee Paid (\$)
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1401 Notice of appeal	1,110.00 540.00

SUBMITTED BY		Signature 	Registration No. (Attorney/Agent) 52,318	Telephone 617.646.8000
Signature		Janice A. Vatland, Ph.D.	Date December 12, 2008	
Name (Print/Type)				

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: December 12, 2008

Signature  (Michelle M. Quinn)